

| Data Item                     | Description  | MH/SS record                | CDMIS record       | April Meeting  | Minimal Data Set | Valid Values  |
|-------------------------------|--|-----------------------------|--------------------|--|------------------|---|
| <b>BH Visit Data</b>          |  |                             |                    |  | Required         |   |
| Date of Service               | Date service occurred                              | X                           | X                  | X  | Required         | CYYMMDD   |
| Activity Code                 | Procedure code                                     | 5 digits                    |                    | X ( patient does not need to be present; different codes here) | Required         | 13 - Individual Treatment/Counseling/Ed Medication/Monitoring<br>12 - Evaluation/Assessment<br>31 - Case Management (pat not present)<br>14 - Family/Group Treatment<br>25 - Information/Referral (pat not present)<br>30 - Follow Up/Through (pat not present)<br>15 - Information/Referral<br>22 - Case Management<br>21 - Follow Up/Through<br>56 - Records/Documentation<br>11 - Screening<br>26 - Medication/Monitoring (pat not present)<br>48 - Crisis Intervention<br>64 - Staff Consultation<br>59 - Other Admin<br>23 - Oth Patient Service NEC<br>28 - Discharge Planning (pat not present)<br>41 - Education/Training Provided<br>60 - Case Staffing<br>61 - Provider Consultation<br>29 - Family Facilitation (pat not present)<br>34 - Other Support Svs (pat not present)<br>37 - Preventive Services<br>19 - Discharge Planning |
| Type of Contact               | Where contact occurred.                            | 1 digit (adm/OP/IP, etc)    | Initial/prevention | Combine with location of encounter                             | Required         | 1=Administrative Office 2=Outpatient<br>3=Inpatient 4=Field<br>5=Home 6=School<br>7=Chart Review 8=Telephone<br>9=Emergency Room 10=Consultation  |
| Health Factors                | What other health factors exit?                    |                             |                    | X ( include trauma ?)  | Required         | Tobacco/DV Smoke, chew, pipe, snuff   |
| Activity Time                 | Amount of time spent with patient.                 | In minutes                  | X                  | X  | Required         | Drop Down Menu in minutes: 0-15, 16-30, 31-45, 46-60, 60+   |
| Appointment/ Walk In          | Did patient have an appointment or simply walk-in? | A/ Walk In/ Unspecified     |                    | X  | Required         | A = Appointment, W=Walk-in, U = Unspecified   |
| Purpose of Visit 1 Axis 1 & 2 | Primary mental health diagnosis code.              | Problem code DSM IV / ICD-9 | Primary problem    | X  | Required         | If POV diagnosis = Suicide (must select intervention method) Ideation, Gesture, Attempts, Completion Abuse/Neglect § Sub-Category Perpetrator/Victim§ Child/Adult/Elder § Physical § Sexual § Emotional   |

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| Purpose of Visit 2          | Secondary mental health diagnosis code.  | X            | Other problem | X   | Required         | Child/Adult/Elder § Physical § Sexual § Emotional<br>Cross-Cultural Issue<br>Depressions<br>Adjustment Disorders   |
| Purpose of Visit 3          | Secondary mental health diagnosis code.  | X            | Other problem | X   | Required         | Anxiety Disorders § Sub-Category PTSD/Acute Stress Disorder<br>Psychoses   |
| Purpose of Visit 4          | Secondary mental health diagnosis code.  | X            | Other problem | X   | Required         | Somatoform Disorders (Pain Disorders)<br>Alcohol Abuse/Dependence<br>Other Substance Abuse Problems(Drop down menu with specific examples)   |
| Purpose of Visit 5          | Secondary mental health diagnosis code.  | X            | Other problem | X   | Required         | Child Disorders § Sub-Category ADD/ADHD § Conduct Disorder § Developmental Disorders<br>Personality Disorders  |
| AXIS 3 Suicide Intervention | If suicide intervention occurs, must record the intervention and facility type.  |              |               | X   | Required         | Voluntary Psychiatric Hospitalization<br>Involuntary Psychiatric Hospitalization<br>General Hospital Admission<br>Crisis Intervention<br>Outpatient Therapy Contract<br>Patient Refuses Any Further Intervention Or Treatment<br>Incarceration<br>Intensive Outpatient Care<br>Other Institutional Placement<br>Outplacement follow-up |
| Axis 5 Assessment           | Global Assessment Functionality (GAF)  |              |               | X (trendable data)<br>Highest GAF in past year; current GAF; display as a trend....<br>Consider ASAM staging tool | Required         | GAF Score and Past GAF Scores. Would like to see a graph much like the graph currently displayed in other applications for blood pressure.   |
| Average Stage               |  |              | Derived       | ASAM  | Required         | Add derived score to patient record  |
| Unmet Needs                 | Are adequate resources available to resolve problem or get patient into a program? Speak with Peter Stuart at Chinle for values. |              |               | X   | Required         | Y=Yes, N=No (If response = "No" include list on drop down: )<br>Transportation problem<br>No phone<br>No direct care outpatient care available<br>No inpatient facility available<br>No residential facility available<br>Lack of funding<br>Patient refusal   |
| Interpreter Utilized        | Was an interpreter used in providing care?   | Yes/ no      |               | X   | Required         | Y = Yes, N = No  |

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| <b>Provider Information</b> |   |                 |                 |               | Required         |   |
| Primary Provider            | Provider Number   | X               | X               | X             | Required         | Provider's assigned number  |
| Primary Affiliation         |   | X               | X               | X             | Required         |   |
| Discipline Code             | Provider's discipline   | X               | X               | X             | Required         | 12 = PSYCHOLOGIST<br>19 = MENTAL HEALTH TECHNICIAN<br>81 = PSYCHIATRIST<br>85 = NEUROLOGIST<br>49 = CONTRACT PSYCHIATRIST<br>50 = CONTRACT PSYCHOLOGIST<br>63 = CONTRACT SOCIAL WORKER<br>06 = MEDICAL SOCIAL WORKER<br>35 = OUTREACH WORKER<br>48 = ALCOHOLISM/SUB ABUSE COUNSELOR<br>66 = CASE MANAGER<br>?? = PREVENTION SPECIALIST<br>93 = TRADITIONAL MEDICAL PRACTITIONER<br>00 = PHYSICIAN<br>94 = MENTAL HEALTH SPECIALIST (BA/BS)<br>95 = MENTAL HEALTH SPECIALIST (Masters) |
| Initials                    |   | X               | X               | X             | Required         |   |
| Licensure Status            | Is provider currently licensed and is the provider currently certified? |                 |                 | X             | Required         | Are you currently certified? Y/N<br>Are you currently licensed? Y/N   |
| Secondary Provider          | If secondary provider exists, complete this section                     | X               |                 | X             | Required         |   |
| Affiliation                 |   | X               |                 | X             | Required         |   |
| Discipline Code             |   | X               |                 | X             | Required         |   |
| Initials                    |   | X               |                 | X             | Required         |   |
| Licensure Status            |   |                 |                 | X             | Required         |   |
| Secondary Provider          | If secondary provider exists, complete this section                     | X               |                 | X             | Required         |   |
| Affiliation                 |   | X               |                 | X             | Required         |   |
| Discipline Code             |   | X               |                 | X             | Required         |   |
| Initials                    |   | X               |                 | X             | Required         |   |
| Licensure Status            |   |                 |                 | X             | Required         |   |
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| Initials                      |   | X            |              | X   | Required         |   |
| Licensure Status              |   |              |              | X   | Required         |   |
| <b>Patient Identification</b> |   |              |              |   | Required         |   |
| Gender                        | Sex of Patient  | Female/Male  | X            | X   | Required         | F = Female, M=Male  |
| Date of birth                 | DOB of Patient  | X            | X            | X   | Required         | CYYMMDD   |
| SSN                           | Patient's Social Security Number                                    |              |              | X   | Required         | Nine digit social security number, no additional spaces or characters |
| Current Address               | Patient's current address   |              |              | X   | Required         | Create enough fields to capture street, city, state, zip, phone       |
| Tribal Affiliation            | Tribal code of patient  |              |              | X   | Required         | Three character code e.g. 096   |
| Community of Residence        |   | X            | X            | ??  | Required         | Regina Robertson feels it would be a good idea to capture community   |
| Medicare Eligible             | Is patient Medicare eligible on the date of encounter?              | X            | X            | X   | Required         | Y=Yes, N=No   |
| Medicaid Eligible             | Is patient Medicaid eligible on the date of encounter?              | X            | X            | X   | Required         | Y=Yes, N=No   |
| Private Insurance Eligible    | Is patient eligible for private insurance on the date of encounter? | X            | X            | X   | Required         | Y=Yes, N=No   |
| Prevention Activity           |   |              | X            | X ( need to figure out how to capture this prevention information better; including work with SAMHSA) | Required         | Include prevention activity codes                                     |
|                               |   |              |              |   |                  |   |